

STONY MEDICAL CENTRE PATIENT PARTICIPATION GROUP

Minutes of PPG meeting held on 8th May 2017 at 10.00am

Present: Judith Williams (Business Manager), Sue Graham, Gillian Thompson, Margaret Ladd, Daphne Jones, AT, Phillipa Prescott.

Apologies: Crad Allerton, Angela Aronson, Joan Crossan, Pat Thurling.

Minutes of Last Meeting

There were no minutes of the last meeting but JW has attempted to put together a list of services that General Practices must provide for their patients.

Services that General Practice provides for their patients

All practices work under the same contract and are given a certain amount of money per patient to operate. Under the contract practices have to provide:

Essential Services are defined as “The management of its registered patients and temporary residents who are, or believe themselves to be:

- a) Ill with conditions from which recovery is generally expected
- b) terminally ill
- c) suffering from chronic disease.

The contract does not define the detail of “management” and so specific services can be provided differently from practice to practice with some being provided at the hospital.

Additional Services. These are cervical screening, contraception, vaccines and immunisations (child and adult), child health services Maternity and minor surgery and are the same throughout England. GP practices are not obliged to do this but are paid additional money where they agree to do them.

Enhanced Services are those that can be provided by GP practices so as to avoid the need for patients to be referred elsewhere. The practices are paid to do these usually on a price per episode of care basis. Practices do not have to do this work but the local CCG (Clinical commissioning Group) must make sure that the service is provided somewhere in their area.

Therefore the provision of these services is decided by the CCG and not by the Government or the local GP practice. They can include diabetes care planning, suture removal, HIV testing, dementia diagnosis, and seasonal flu amongst many others and can be provided by agencies other than GP practices

Because of the crisis that the NHS is in at present some practices may take a harder line about the “extras” that they provide without being paid for and without really having the resources to do in order to free up practitioners for the “core” work.

It was suggested that an item could be included in the newsletter detailing the services that can be expected by our patients from our practice - and maybe others that should not be expected.

SG asked what do we need to improve the situation. JW replied that we need more clinicians - preferably as employees or in the case of doctors as partners in order to ensure continuity for patients. Locum doctors can earn more than salaried GPs without having to have the same commitment to the practice (calls and clinics etc).

GP practices and patients need continuity (patients being able to see the same doctor for an ongoing condition). A lot of “solutions” are about “scaling up” but it is then difficult/impossible to maintain continuity.

In our practice we need time to rethink how we do things (e.g. maybe with physician associates, psychiatric nurse etc) but when we are firefighting all of the time this is really difficult.

Patient Congress

Mental health issues are to the fore nationally and at the Magistrates Court offenders are assessed by a psychiatrist before sentencing and the sentence can be that the offender not to be sent to prison but to be under an obligation to accept help via the local health services.

Our building was among the worst in the MK CCG area but is nowhere near that in the new BLMK (Bedford Luton and Milton Keynes) area and so we are unlikely to attract any funding for improvements.

Local physiotherapy services will be getting together to tender for the provision of physiotherapy services throughout the CCG.

Any Other Business

JW reported that there are to be more doctor changes and therefore more doctor vacancies. We are still covering the Neath Hill practice until the end of June but most MK practices are in the same situation as regards recruitment of clinicians.

The PPG noted that we are fortunate in that JW can attend our meetings to give explanations of issues that arise and to keep us up to date with the latest developments in the practice.

The meeting finished at 11.25

Dates for future meetings in 2017:

June 19th

August 1st (Tuesday)

September 11th

October 24th (Tuesday)

December 4th